

EXHIBIT A

1 UNITED STATES DISTRICT COURT
2 FOR THE DISTRICT OF ARIZONA

3 -----
4 IN RE BARD IVC FILTERS
PRODUCT LIABILITY LITIGATION

5
NO: MD-15-02641-PHX-DGC

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7 -----
8 VIDEOTAPED AND TELECONFERENCED DEPOSITION OF:
CHRISTOPHER S. MORRIS, MD

9
10 DATE: Friday, March 29, 2019
11 TIME: 9:06 a.m. - 1:10 p.m.
12
13 HELD: Hotel Vermont
Juniper Hall
14 41 Cherry Street
Burlington, Vermont 05401

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18 DO NOT DISCLOSE
SUBJECT TO FURTHER CONFIDENTIALITY REVIEW

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22
BEFORE: Tara M. Drake, RPR
23 Registered Professional Reporter
24 Mary Doud, Videographer and
Notary Public in and for the State
25 of Vermont

1 A Your question was can I explain it?

2 Q Yes.

3 A It's all conjecture; so I don't -- one
4 possibility is that with the arms -- you know,
5 with the cava being enlarged, the filter
6 possibly could become more splayed abnormally.
7 Wasn't designed to be that -- you know, that
8 splayed. I can't otherwise --

9 Q That's speculation.

10 A It's speculation, yes.

11 Q Okay. And -- and --

12 MR. BROWN: Finish your answer to
13 your questions.

14 MR. O'CONNOR: Yeah, I apologize.
15 I think I did interrupt you there.

16 THE WITNESS: That's okay.

17 MR. O'CONNOR: I'm trying to move
18 things along here.

19 THE WITNESS: I do that once in a
20 while, too.

21 Q So, in other words, you can't relate the
22 vena cava dynamiture [sic] to any of the
23 complications you saw in the filter, fair?

24 MR. BROWN: Object to the form.

25 A Not precisely, no.

1 Q Okay.

2 A "Deployment into clots and/or
3 dislodgement due to large clot burdens."

4 Q This Recovery filter did not migrate to
5 Ms. Tinlin's heart, correct?

6 A Correct.

7 Q This Recovery filter did not migrate to
8 Ms. Tinlin's lungs, correct?

9 A Correct.

10 Q So any risks associated with a large IVC
11 did not occur in Ms. Tinlin, true?

12 MR. BROWN: Object to the form.

13 A I can't say that because, as I alluded
14 to earlier, if it's a large inferior vena cava,
15 we don't know what that does to the filter. The
16 arms can get splayed, and we don't know if that
17 contributes to fracture or not.

18 Q And I understand -- I'm sorry.

19 A We also didn't know whether the filter
20 was moving back and forth. You know, we have
21 all these other confounding factors that can
22 make a filter appear like it's moving, but we
23 just don't know. I do know that it seems to
24 change tilt over time, and I don't know how
25 that's related to the large size of her IVC

1 filter -- of her inferior vena cava.

2 Q The point is, like you told me before,
3 it's speculation on your part, correct?

4 MR. BROWN: Object to the form.

5 A It's a theory, yes.

6 Q Okay. Speculation at best?

7 A Conjecture.

8 MR. BROWN: Object to the form.

9 Q Thank you.

10 A On the same lines as the cascade of
11 events and all that.

12 Q We're going to talk about that.

13 A Yeah.

14 Q But I just want to make sure that you
15 and I are on the same page. And --

16 A It's not proof.

17 Q It's conjecture?

18 A Yes.

19 Q The relationship of the diameter of the
20 IVC and any complication that occurred to Ms.
21 Tinlin is based upon conjecture; do you agree
22 with that?

23 MR. BROWN: Object to the form.

24 A I know that the filters were designed to
25 be placed in -- in an IVC, horizontal

1 A Yes.

2 Q But the other side of it is the
3 implantation in the diameter of Ms. Tinlin's IVC
4 filter, it's conjecture on your part to what
5 extent, if any, that contributed or caused any
6 of the complications experienced by the Recovery
7 filter in Ms. Tinlin, fair?

8 MR. BROWN: Object to the form.

9 A I just don't know. I can't put a number
10 on it. I suspect it had something to do with
11 the filter moving around and/or splaying of the
12 arms.

13 Q But you don't know?

14 A I can't give you an exact degree of my
15 certainty on that.

16 Q Because it's conjecture?

17 MR. BROWN: Object to the form.

18 A It's a theory, but it's the only thing I
19 know about.

20 Q I'm just trying to get you to answer
21 what you answered before --

22 A No.

23 Q -- and, at this point, it's still
24 conjecture?

25 A This is what we know. The inferior vena

1 Greenfield filter decreasing the efficacy of
2 that filter catching clots, but I still think
3 they work pretty well to catch clots even at 20
4 degrees tilt.

5 Q Fair to say you didn't see significant
6 tilt in Ms. Tinlin's filter?

7 A I think the last imaging that she had
8 done in 2018 shows that the -- the nose of the
9 filter is embedded; so that could be significant
10 tilt, based on my definition.

11 Q Okay. But what caused that or what
12 contributed that you can't say?

13 A I think --

14 MR. BROWN: Object to the form.

15 A -- very likely a large inferior vena
16 cava.

17 Q But you don't know one way or the other
18 to a reasonable degree of medical probability?

19 MR. BROWN: Object to the form.

20 A There could be other reasons, and
21 that -- you know, that can be a cause of tilt as
22 well, and I don't know exactly what's all been
23 in play with Ms. Tinlin.

24 Q Thank you.

25 Where do you discuss your measurements

1 IVC to be greater than 28 millimeters --

2 A Yes.

3 Q -- is that right?

4 Do you think that the fact that her IVC
5 was greater than 28 millimeters could have
6 caused or contributed to the complications that
7 occurred with her Recovery filter?

8 MR. O'CONNOR: Form and foundation.

9 A Yes.

10 Q Are you able to rule out that the large
11 size of Ms. Tinlin's vena cava caused or
12 contributed to the complications with her
13 Recovery filter?

14 A No.

15 Q And do you hold that opinion to a
16 reasonable degree of medical certainty?

17 MR. O'CONNOR: Form and foundation.

18 A Yes.

19 Q Do permanent filters experience
20 complications?

21 A Yes.

22 Q Are permanent filters known to be not
23 stable in the IVC?

24 A Yes, particularly if they're placed into
25 large inferior vena cava diameters.